

FAIRVIEW MINOR HOCKEY ASSOCIATION FUNDRAISING REQUEST	
Team Name:	
Division:	
Team Officials	
Coaches:	
Manager:	
Treasurer(s):	
Type of Fundraiser/Company:	
Start Date of Fundraiser:	
End Date of Fundraiser:	
Expected Profit:	
What will the proceeds be used for?	
I have Read and Understand Policy 20. (a) and (b) regarding Team Finances, Fundraising and Sponsorship.	YES / NO

Manager	Signature	Date
Head Coach	Signature	Date
Treasurer	Signature	Date

Please return form to FMHA Treasurer at treasurer@fairviewminorhockey.com. You will be informed via return email if your fundraiser is approved.